

STATE OF WEST VIRGINIA
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES
CHARLESTON, WEST VIRGINIA 25317

SALVAGE CERTIFICATE APPLICATION
(\$15.00 FEE)

NAME: _____
ADDRESS: _____
(Address) (City) (State) (Zip)

VEHICLE DESCRIPTION

Make: _____ Year: _____ V.I.N. _____
Style of body: _____ Weight: _____ Odometer _____
(Passenger Vehicle) (Trucks GVW)

COMPLETE IF APPLICABLE:

Flood Damage: _____ Cosmetic Total Loss/Salvage: _____ Requesting a Nonrepairable
Certificate. Over 75%
Fire Damage: _____ damaged. Not to be
reconstructed.

INDICATE DAMAGE BY MARKING PART ON APPROPRIATE LINE OR LIST PART UNDER "OTHER"

_____ Front Bumper	_____ Roof Panel	Other (Includes boats, campers, cycles, misc.)
_____ Grill Assembly	_____ Qtr. Panel - L	
_____ Hood	_____ Qtr. Panel - R	
_____ Fender - L	_____ Deck Lid	
_____ Fender - R	_____ Rear Door S/W	
_____ Door Front - L	_____ Rear Bumper	
_____ Door Front - R	_____ Frame	
_____ Door Rear - L	_____ Suspension	
_____ Door Rear - R	_____ Seats	
_____ Windshield	_____ Radio/Tape	
_____ Side Glass - L	_____ Battery	
_____ Side Glass - R	_____ Dash Panel	
_____ Rear Glass	_____ Engine	

IF A LIEN IS TO BE RECORDED, COMPLETE THE FOLLOWING:

Name: _____ Amount: _____ Date: _____
(Lienholder)
Address: _____ Kind of Lien: _____

I hereby certify under penalty of fines and/or imprisonment, that the statements made herein are correct to the best of my knowledge and belief.

Printed Name: _____

Signature: _____ Date: _____
(Original Signature of applicant required, no copies)

ANY ERASURES OR ALTERATIONS WILL VOID THIS DOCUMENT